

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000018060

Entity Name: B & R CONSULTING, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

8859 VENTURA WAY
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

8859 VENTURA WAY
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-8453292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX ACCOUNTING & FINANCIAL ASSOCIATES
809 WALKERBILT ROAD
5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

TAX & FINANCIAL STRATEGISTS LLC
3365 WOODS EDGE CIRCLE, #104
BONITA SPRINGS, FL 34134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS WANDERON

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROTELLA, JONATHAN J
Address: 8859 VENTURA WAY
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: BRYAN, WILLIAM E
Address: 2180 AIRELLE DRIVE, #804
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: BRYAN, DONNA R
Address: 2180 AIRELLE DRIVE, #804
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JONATHAN ROTELLA

MGMR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date